

PRE-TRAINING NOTIFICATION

WAC 365-230-100 Notification of lead-based paint training activity. (1) The training manager shall provide notification of lead-based paint activities courses offered.

1. Notification Type

___ Original ___ Update ___ Cancellation

2. Training Program Information:

Name_____

Department Accreditation Number_____

Address_____

Phone_____

E-mail_____

3. Course Information:

Discipline_____

Type (initial / refresher)_____

Language in which instruction is given_____

4. Date(s) and Time(s) of training_____

5. Training location(s) [Include phone and street address for each listed.]

6. Principal instructor's name

7. Other instructors' name(s)

Training Manager (print)

Training Manager (signature)

Send to: CTED Lead-Based Paint Program, PO Box 42525, Olympia, WA 98504-2525

Fax to: CTED Lead-Based Paint Program: (360) 586-5880; Questions: (360) 725-2929